

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215512286					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Our Family Foundation, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CTR 16TH FLR 1111 E MAIN ST RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CT</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2015</p> <p>SCC ID NO: F1889361</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1385 HANCOCK STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: QUINCY, MA 02169</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: BHAVDEEP SINGH TITLE: PRESIDENT ADDRESS: 1385 HANCOCK ST CITY/ST/ZIP/CO: QUINCY, MA 02169 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: BHAVDEEP SINGH TITLE: PRESIDENT ADDRESS: 1385 HANCOCK ST CITY/ST/ZIP/CO: QUINCY, MA 02169	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH KELLEY DIRECTOR 1385 HANCOCK STREET QUINCY, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIK KEPTNER DIRECTOR 1385 HANCOCK ST QUINCY, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MCCANN DIRECTOR 1385 HANCOCK ST QUINCY, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK J MCGOWAN DIRECTOR 1385 HANCOCK ST QUINCY, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GORDON REID DIRECTOR 1385 HANCOCK ST. QUINCY, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN RUSSELLO DIRECTOR 1385 HANCOCK ST QUINCY, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL SCORZA DIRECTOR 1385 HANCOCK ST QUINCY, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD SUSSMAN DIRECTOR 1385 HANCOCK ST QUINCY, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAN ARIO ELIZA VAN DAM DIRECTOR 1385 HANCOCK ST QUINCY, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS A. HIPPLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS A. HIPPLER, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/31/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			